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No. 15.

PROFESSIONAL REMINISCENCES OF FOREIGN TRAVEL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have recently returned from Europe, after an absence of about five months. In my wanderings I have met with medical men whose whole position makes their acquaintance a matter of much interest to the professional traveller, and which I cannot forget, and for which I shall always be most truly grateful.

I left Boston early in May, and after a needed but short rest from a severe voyage, I left London for the Continent the first of June—crossing the Channel at Dover for Calais, and proceeding through France, Belgium, Prussia, Mecklenberg, Hanover, Hamburg to Stettin on the Oder, and thence by the Baltic to Cronstadt, and by the Neva to St. Petersburg. Moscow terminated my progress north. My return was through Denmark, the Duchies, Prussia, Saxony, Austria, Bavaria, Baden, &c., entering France by Strasburg; and by way of Nancy, Epernay, the land of Champaigne, Chalons, Vitrey, &c., reached Paris. You will see by following me on the map, that I passed up on one side of the Continent—returned along the other—completing the triangle by the almost straight line from Vienna to Paris. My wanderings were not yet over. I left Paris for the South of France, after some days rest, and having passed through this most exquisite portion of that noble State, I reached Behobie, “the last crumb of France,” and at once was on the bridge of Bidasoa, which joins France and Spain. You see that you are here in a most novel position. Here on the banks of the Bidasoa, and on the first plank of the bridge, stands the French sentinel in his blood-red pantaloons and blue coat; and there the Spanish soldier, on the last plank of the same bridge, in his national uniform. The middle of the bridge is the dividing line of two great nations. As I walked across it, with one foot in France and one in Spain, the thought came with an intensity of interest rarely felt, that this almost imaginary dividing line, and which the rapid river changed every moment, gave political birth to two vast nations, as opposite to each other in language, thought, habit, everything, as if mighty oceans rushed between, or the everlasting mountains separated them. At Juan, the Spanish frontier town, I *felt* I was in Spain. After six heavy days and nights, almost uninterrupted travel, I reached

Madrid—then visited the Escorial, and soon after began my return journey to France, to England, to Scotland, to America. In how few words have I sketched a voyage through many, many distant empires, various languages, different customs—which embraced many thousand miles of surface, and some months for its completion.

One of the objects of foreign travel with me was to see distinguished physicians, and especially, as far as possible, to see their practice in the department to which I have been for nearly half a century devoted. Hospitals were objects of great interest. Of these I was most desirous to see specimens in countries which are not generally visited by American travellers. I was very fortunate in obtaining letters in England which were of the greatest service to me. I particularly would here most gratefully refer to Sir James Clarke, whose letter to Sir James Wiley in St. Petersburg, secured to me the very best opportunities for visiting Russia as a medical observer. A little embarrassment was produced by the letter being addressed to the *nephew* of Sir James Wiley, who was named for his uncle, and had been knighted—who was the physician to the Grand Duke, and who had been dead a year and a half. I handed this letter to Sir James Wiley, *Baronet*, having armorial bearings by which he was honored by George III. of England—the patent of which I was desired to read. Sir James is physician to the Emperor, is 85 years old, and has been successively physician to Catharine II., Paul I., Alexander I., and Nicholas I. the present Emperor, and sixty-three years at the head of the medical bureau of Russia. He was in the great battles of Russia against Bonaparte, and before Dresden amputated both legs of Moreau, who paid for his treachery with his life. I said there was a slight embarrassment produced by the mistake in the direction of my letter, but this was soon explained, and from that moment during my whole stay in Russia I was daily having the benefits of the introduction, in the important and varied hospitalities of Sir James Wiley. I was placed by special commission under the guidance of a medical officer of the grade of Colonel in the army, and proceeded with him on a hospital pilgrimage. He took me to five military hospitals, to one civil, and to one maternité hospital. The military are for sick soldiers and officers. In some cases a regiment of 3000 men have a hospital. In others two regiments, or 6000 men, have one. About 120 beds for a single regiment, about 250 for two. And these furnish ample accommodations for the demand, or *command*. Belonging to one or more regiments is a church. These are built in the very best style of church architecture; and are among the imposing and ornamental buildings of the city. I was shown into some of these, and found the interior quite as striking as the exterior. Beside this provision for worship for the regiment, in each hospital is a chapel for those who are not able to attend public worship. The same care is manifested in these, as to architectural fitness, as in the churches. The hospitals are magnificent in their dimensions, plain in style, but most perfectly neat. Ventilation is well provided for, and there is one arrangement to secure this object which is rarely if ever met with elsewhere. In each ward a fire is perpetually kept in a Russian stove, of sufficient power to keep up a full

draught of air through it; and to render this perfect, the door of the stove is kept constantly open. The bedstead is of iron, and the bedding entirely clean. The diet is strictly regulated by the medical officers. A soldier's food in health is black bread and water. He has two meals a-day, noon and evening. The quantity of bread daily is three pounds. One pound and a half is a meal. When in hospital, his diet is regulated by the disease, and its periods. It is white bread—gruel—soup—vegetables—meat—as may be indicated. I was desired to eat of each article of diet, and found it excellent. As convalescence occurs, the demand for black bread declares itself, and the love of this bread is expressed in the strongest terms. This is not peculiar to the soldier. You may find the same kind of bread on the table in public or private houses, and the national fondness for it always manifested. The neatness of the ward shows itself in every part of the house. When the medical officer makes his visit, every soldier or patient who is able to stand, rises from his bed, and wearing a long grey woollen dress, walks to the foot of the bedstead and there remains erect as if on duty. On the bed is a paper which contains a report made by the *interne*, or house-surgeon or physician, of the symptoms, &c. of the preceding day. The visiting officer examines this, and gives such directions and makes such further investigations as are suggested by the reports. I cannot but think, from an experience of about twenty years as Physician to the Massachusetts General Hospital, that the Russian method would be a great improvement on the present system of daily examinations by the attending physician of the events of the preceding day. The house-physician, or clerk as he used to be called in London, and where the method of Russia was then in use, could with great ease make the examinations in the morning, as he at present makes them on the admission of a patient or the examination *en chef*, and would thus greatly forward the most important business of the house. Seeing some soldiers eating the black bread, I asked if they were allowed to eat this in hospital as they pleased, as it seemed to me so coarse, and, as I thought, so acid, that it might aggravate many troubles. I was told they were not allowed so to eat it, but only during convalescence, and that no harm was observed to come of such use.

I had thought that the Russian was undersized when compared with the men of other parts of the Continent, and expressed my surprise to find them in these hospitals so tall. I soon learned the cause. These regiments in St. Petersburg are the Guards, and are picked men, and better paid than soldiers of the line. They were quite remarkable men in appearance, and cannot but show to great advantage on parade or in service. I visited a very large hospital. This, like all the others, was in most perfect order. I examined here the bathing apparatus. Newly-admitted patients were here undergoing their first preparation for the wards. The Emperor, in his equal and universal oversight of every public interest in his vast empire, had recently, as I was told, visited this establishment at an earlier hour in the morning than was usual. He found it in disorder, and severely rebuked those who were in its management, allowing but little for the apparently unseasonable hour for his

visit, saying that order in his empire should never be dependent on accident, but should at all times and in all places manifest itself. Now this early visit was not made without some effort. The hospital is at a considerable distance from the palace, and could be visited only at some sacrifice of time, and to Nicholas there is nothing, or but few things, more truly valued than time. Many other hospitals were visited by me, and the same strict attention, the same severe devotion to the whole well being of the patients, were everywhere manifested. In all this was seen the importance of detail in every department of these national establishments. The apothecary's was examined, and with the same result. I was told that during the cholera invasion every arrangement was made before hand to diminish its power, and to minister to the whole public safety. Civil hospitals were opened everywhere, and conveyances prepared for the immediate removal of those who could not be cared for at home. The Emperor made personal and frequent visits to them all. This was done by him by night as well as by day. His ministers proposed that a *cordon sanitaire* should be drawn round the palace at Peterhoff, the royal residence, several miles from the city, to prevent the approach of persons from the city who might carry the disease with them there. Nicholas listened to none of these expressions of interest in his personal safety or that of his family. "Where I am," said he, "there may come at all times my people." So sudden and so rapidly destructive was the cholera in St. Petersburg, that men fell and died before aid could be procured. The crowded Exchange was exposed to this danger, and the Emperor, to meet such chances, had a hospital prepared with physicians, nurses and medicines in the building itself, so that the merchants assembled there might be at once attended when seized. To show the malignancy of the disease, notwithstanding all this care, 3000 deaths occurred in one day in St. Petersburg. These facts were communicated to me by men thoroughly acquainted with them, and who could have had no motive to state to me what was not true.

My next visit was to civil hospitals—establishments for the poor. I had a special reason for these visits. The power of Russia is in its army. A military government in every sense of the word looks ever to the soldier as its only sure defence. It was not at all to be wondered at that he should receive the most scrupulous attention, especially in regard to health, from the government, and the evidence of such care was everywhere manifested. But how is it in Russia with the poor—that vast social encumbrance and perpetual inheritance of civilization, in despotism, limited, constitutional monarchy, and in the purest republic. I found the civil hospital in Russia as perfect in its kind, as was the military in its. The year is divided here into two seasons—the summer and the winter, and for the poor is a summer, and a winter hospital. The latter was empty at my visit; and repairs, painting and whitewashing, &c., were in hand everywhere. The sick were in the summer hospital, in the same enclosure with the other. Here were walks, shrubberies, trees, and every out-door arrangement for the comfort and well-being of convalescents. Those who could not go abroad, were in wards. These were perfectly clean and well ventilated. The bed-furniture was

white, and the dress of the patients uniform, also white. As we entered the grounds, I was much struck with the effect of this dress—a long white garment, and a large white cap, or turban. I was in the grounds for the men, and moving about in the shade of the trees, they looked more like ghosts than living people. I asked my most friendly and useful guide what all this meant; for at first there seemed to be a good reason for the question. It was easily answered. In the female ward a patient interested me much by the strong expression of disease she manifested. It was a hot day, and this added to the appearance of exhaustion. Close to her bed, on a stand, was a basin of ice broken up as it might be used, and from which she seemed to derive most needed comfort. I will not go into further detail. In this little arrangement for poverty and deep disease, was there not a whole volume in which to read kindness and care, and for those, too, who most need both? I shall remember that woman and that charity, whenever St. Petersburg is in memory. In Denmark I saw the system of changing a hospital so as to correspond to the seasons, and in which the change was productive of the most salutary results. But of this by-and-by.

The Maternité I visited was a small one, containing less than a hundred beds. The physician had just finished his visit, and I met him at the door. As soon as I was introduced to him, and the object of my visit made known, he most kindly invited me into his hospital, and returned with me to show and explain its arrangements. The nurses and a class of female pupils first attracted my attention. They were very good looking, dressed with entire neatness, and of unusual courteousness of manners. The interior management of the house devolves upon them, they acting directly under the medical officers. In this case the physician to whom I was introduced is a professor and teacher of midwifery. What has been said of the neatness, ventilation, &c. of other hospitals, applies with full force in this. I was taken to the room in which the several articles of linen, including dresses, are kept. It is a large room, containing presses with glass fronts in which these articles are exposed to the light, but entirely excluded from air, dust, moisture, &c. The amount is very large, and the nice appearance of the patients satisfied me that they were not kept for show. The wards are not large, which has the advantage of preventing all crowding of patients, and this remark applies to all the hospitals I visited, except only that of Vienna, in which the long wards with their two rows of beds prevail. An apparatus was pointed out to me in use, and which has important uses. It was a species of cradle without rockers, in which infants are put when prematurely born, or when imperfectly developed, and for whom a steady and higher temperature is required than that of the atmosphere. It is made of brass, and is everywhere double, a space being left between the two plates composing it, with openings into which warm water may be poured, and others for drawing it off when cooled. A soft bed, and a properly-arranged canopy, when needed, complete the apparatus. At my visit there was a new-born child in this cradle, if such I may call it, of about seven months uterine life, and was kept constantly in a warm and salutary atmosphere. Its skin was of a lively red, and

temperature natural. In this ward, where there may have been half a dozen of recently-delivered patients, my attention was drawn to an unpainted case or box standing by itself against the wall between the fire-place and a window. This box consisted of two equal parts connected by hinges. The physician opened it, and exposed the dead body of a woman, or what appeared to be a recently dead person. I learned, however, at once, that it was a plaster cast of a woman upon whom the Cæsarean section had been done. The infant was alive, but the woman was dead. The deformity in this case was extraordinary in its extent, and rendered delivery by the natural passages impossible. Was not this a singular article of furniture for a ward of a midwifery hospital? It was perfectly clear that it was in no sense an annoyance to the patients, and I was the only person in the room who was disturbed by so singular and unexpected a sight. The cast was very perfect, and showed well the place and extent of the operation.

By rail-road from St. Petersburg to Moscow in twenty-two hours uninterrupted drive. I obtained letters to some of the distinguished men of that city, from whom I received very acceptable attentions. Among these was a letter to Prof. G. Fischer de Waldheim. Early in the morning of the day following the delivery of my letter, a visiter was announced, and I desired he should be shown to my parlor. I was told that he was a very old, infirm and blind man, and perhaps I would come into the hall where he waited for me. I went to him immediately, and found he was Prof. Fischer, the most distinguished naturalist in Russia, and whose works have made him known and respected throughout Europe. He took my arm, and came to my room. I learned that he was 85 years old—that cataract had covered both eyes within the last six months—that he was engaged in a work on the Insects of Russia—*Entomographie de la Russie*—a copy of the fifth volume of which, and which was published in 1851, he gave me afterwards at his house, when I had the pleasure and honor to dine with him. The next day I devoted to visiting the Museum of Natural History, and one of the largest hospitals I had visited on the Continent. I went to the Museum under the guidance of Mr. Secretary Dr. Renard. Its principal interest to me, was in the collections of the animals of Russia, and these are extensive and valuable. Among the most curious articles in the Museum, are the remains of the soft parts of the mammoth which was found on the banks of the Lena in Siberia, lat. 70°, by Mr. Adams, in 1803. The skeleton of this animal, which I saw, is in St. Petersburg. It is nine feet high, and sixteen long. Near it is the skeleton of a common elephant, which is two feet less in height, and in proportion to that less than it in length. Portions of the skin remain attached to the skeleton, particularly about the head, and some of the ligaments of joints. A large piece of skin lies before the skeleton on the floor. This rare animal was found perfectly preserved by the ice, in which for ages it had been incased, and from which it had been recently liberated, the bears and the wolves feeding on its flesh. Dr. R. gave me a portion of the brain and adipose substance of this animal, and in return for which I promised to procure for him, if possible, a tooth of the mastodon of our

own Continent, as the Moscow museum contains only plaster casts of them. Said Dr. R., when I gave to Mr. Owen, of London, a small bit of the skin of the mammoth, he was in ecstasies. I heartily thanked him for the priceless present he had made to me.

[To be continued.]

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*—Translated from the French by D. D. SLADE, M.D.
Boston, and communicated for the *Boston Medical and Surgical Journal*.

TENTH LETTER.

MY DEAR FRIEND,—To-day I shall speak to you upon syphilis. As you can have remarked, I have not lost sight for an instant of my point of departure.

What was it? To seek out the specific causes of those diseases considered venereal; to study in a more rigorous manner their mode of action, in order to arrive at last at a more exact knowledge of their consequences and of their treatment.

In the preceding letters, I have endeavored to show that if blennorrhagia can have a special cause, it was not always easy or even possible to distinguish this special cause from the common causes of the inflammation of mucous surfaces. I have endeavored to establish that this cause was not that which produces syphilis properly so called; that its consequences were entirely different, and that its treatment, unless empirical, cannot be that which we ought to oppose to syphilis.

I should have been very happy to have merited in all respects the criticism of M. Vidal, who asserts that my efforts have tended only to prove "that two and two make four." If I should apply this to all that still passes in syphilopathy, this proof would not for every one be equally easy to arrive at.

The cause of syphilis not existing in blennorrhagia, where must it be sought for?

Do not require that I should precipitate myself into the depths of history. I have often descended there, and I declare to you, dear friend, that I think it impossible to discover the truth there. The farther one descends, the less light penetrates, and he arrives at a point where the obscurity is complete. So that, arrived at this point, authors only proceed by groping; they wander about without cessation, and lead us astray with them.

Where did syphilis commence? By whom did it commence? I much fear that these questions are forever insoluble. What we can affirm, is that syphilis, such as we know it at the present day, is not developed spontaneously in man; it appears to be always transmitted. And yet, as we have already remarked, we do not meet with it in any other class of animals. I well know that very recently your *Journal* announced that syphilis had just been found in Italy in the horse. In order to believe this news, I await some more complete descriptions of the symptoms. It would, nevertheless, be rather singular, that syphilis,

which they accuse of having been propagated for the first time in Italy upon the human race, should appear also for the first time in Italy upon the horse.

What strikes every man who studies history without preconceived ideas, is, to find in the ancient authors, and especially in those who were anterior to the epidemic of the fifteenth century, perfect descriptions of all that we know to-day, and which we range among the primary accidents. Could we trace out at the present day a description more exact and more true than that of Celsus? Galen goes even so far as to find some relation between the accidents of the genital organs and those of the throat. William of Sallicet knew that the primary ulcerations of the penis had been contracted from relations committed with filthy women; he established perfectly the relations which exist between ulcerations of the genital organs and buboes, &c.

What has been wanting to observers and historians of the verole, from the earliest times, is the more exact knowledge of the filiation of the symptoms, of the connections and origin of the primary and constitutional accidents. But what was the leprosy of that epoch? Was the leprosy of the Greeks or of the Arabs, which we know to-day, similar to the leprosy of those times? In no respect; for the leprosy was then often contagious, and it was frequently communicated by sexual intercourse. Evidently, it was not our present leprosy. The Bible, in spite of all the efforts of commentators, enlightens us but little upon this point. Probably the divine inspirer of the sacred books might have had serious motives in leaving some obscurity upon this point. I have no pretension to retrospective science; the works of Astruc have frightened me too much, and I confess that I am little tempted to undertake so great a work for so small a result. But whoever studies syphilis, however little he may have his mind tormented by the anxiety to know, will ask of himself, what I have done a hundred times, what was this terrible epidemic of the fifteenth century, and where did it come from.

Some cotemporaries have made it come from the stars. I do not know that they retrospectively searched out what passed astronomically at that period, and I am myself unable to do it. But it is certain that syphilis always reigns although Jupiter is to-day much more temperate, and Saturn and Venus no longer deliver themselves up to conjunctions which had such unhappy consequences for the human race. We are, then, forced to seek our explanation upon the earth, and to take our subject from a less elevated point of view.

This terrible epidemic, this veritable '93 of the verole (1493), which no cotemporary at first thought of making come from the new world, found this origin in the writings and in the active propagandism of Oviedo, from motives into which it is useless to enter, and of which we shall find the application in the religious, political and jesuitical history of the time. We know that it is this fable which has become the theme of the great romance edited by Astruc. Heaven preserve me from discussing this; it is a work that has already been well done by Sanchez. I will allow myself only a slight observation in a pathological point of view.

In order to have brought about an epidemic upon such a grand scale, it must have been necessary that all or nearly all the sailors of Christopher Columbus should have been infected with syphilis. It was necessary that during a very long voyage, which was then not made by steamers, the primary accidents should have remained at the period of progress or of specific *statu quo*, susceptible of furnishing the contagious pus that we shall soon study.

One thing is very remarkable, that the sailors of the fleet, having arrived at Lisbon and at Bayonne, did not first infect the women of those ports: and yet is it probable, that contrary to the habits of sailors of all times, these should have, after a long voyage, exercised continence after arriving in harbor? Well, it is not to the women of Lisbon and Bayonne, that they communicate their disease; they leave for Italy where they go to meet the army of Gonzalve de Cordova in May, 1495, and it is there that they communicate the verole—to whom? We know nothing excepting that it was in Italy in the midst of three armies—Spanish, Italian and French—that a disease, then known since 1493 or 1494, raged with fury, each of the belligerent parties repelling the disgrace of communicating it to the others.

I do not wish to insist longer upon this historical question so confused and obscure, and which I have not the pretension to wish to clear up. I only ask myself if this epidemic of the fifteenth century resembles our venereal diseases of the present day; and I find certainly not. The accidents that we observe to-day resemble infinitely more those that the ancients have described, than the epidemic of the fifteenth century.

Here, my friend, permit me to communicate to you, with the reserve and the discretion which similar things exact, an idea which I believe to be a fruitful one. I submit it as a simple indication to some young and industrious colleague, who shall have the good fortune of finding himself in that happy period when consistent researches are possible. In studying with care the descriptions of the epidemic of the 15th century, I am struck with a fact, which appears to me to be of marked interest. The mode of the transmission of the accidents, their gravity, the predominance of the constitutional infection over the local phenomena, which are wanting, or which passed unperceived, all this appears to me to resemble much more what we recognize to-day as the acute glanders, and the farcy, than the verole. Van Helmont has published an analogous idea, which has not failed to have been considered perfectly ridiculous. He makes the verole come from the farcy, as the consequence of I do not know what ignoble beastly relations. Apart undoubtedly from the shameful source from which he drew his opinion, Van Helmont was perhaps not far from the truth.

Remark, my friend, that a knowledge of the glanders and of the farcy in man is very recent, and yet the liability of man to contract this disease, which has existed from all time in the horse, ought not to be a recent fact. How many men suffering from the glanders and from the farcy have been liable to be, and have been, taken for syphilitical patients!

The manner of the transmission of the epidemic of the 15th century ought to strike us. The disease was often communicated by the breath

in churches, in confessionals, to such an extent that Cardinal Wolsey, accused of having the syphilis, was brought to judgment for having spoken in the ear of Henry VIII. This mode of propagation is entirely inexplicable for syphilis, which requires an immediate contact. I well know that all the authors of the time do not admit this mode of transmission by the sole contact of the breath. Fallopius ridicules very pleasantly Victor Benoit, who had seen some holy daughters of a convent catch the verole through the thick grates of the parloir. Fallopius believes that there was mixed with this, a little *holy water*. But in all cases could not the epidemic, which certain authors already, and Paracelsus among others, considered as a mixture of the ancient venereal diseases and of the leprosy, be more probably considered as a mixture of the ancient venereal diseases with the glanders and farcy—the glanders, so spontaneous and easily produced upon horses, and especially in time of war, and with the incumbrances which follow in its trail.

Study the symptoms, and you will first see manifested, and as if *d'emblée*, the gravest accidents; which does not happen with respect to the syphilis of the present day. You will see that inoculable pus was produced in all parts of the body, which you do not see in the syphilis now known to us. I do not know if I am mistaken, but it appears to me that there is in this, a truly remarkable subject for research. I seem to see the first dawning of a truth which has escaped us, even to this hour. We shall owe this truth to the beautiful works of M. Rayer, and of his school, and of M. Renaud (of Alfort) upon this terrible disease with which man is found so sadly endowed; and in which I find such striking resemblances with the epidemic of the 15th century. What glorious things there are to be done in this matter!

Are we aware of what the glanders, transmitted from man to man, and removed from the horse, can produce? Do we know what its hereditary influence is? For individuals suffering from the glanders or from farcy can procreate, and we are completely ignorant of what would become of the product of these procreations.

I should be happy to awaken the zeal of some laborer in our science. There is here, it seems to me, an ample harvest of glory to reap. But I confess it, all these ideas are still agitated in my mind, in the vague domain of hypothesis. Your readers I can understand must be desirous to see me enter into the field of reality. I arrive there: adopting the conclusion of Voltaire, I say that syphilis is like the fine arts, of which no one knows the origin nor the inventor. But what I know is, that it is found to-day at a source, alas, too certain, and it is from this source that I shall draw it in my next letter. Yours, &c. RICORD.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—My attention was called this day to an article in your Journal of Oct. 20th, by S. P. Miller, M.D., which is calculated to convey an incorrect impression to your readers, both as regards the history and character of an important operation in dental surgery. I therefore beg

that you may give a place in your Journal to the following, which is the original manuscript of a paper read before the American Society of Dental Surgeons, on the 4th of August last, and a copy of which was first published in the Dental News Letter, of Philadelphia.

Respectfully yours, &c.

C. O. CONE.

Baltimore, Oct. 28th, 1852.

TREATMENT OF EXPOSED DENTAL NERVES BY HULLIHEN'S OPERATION.

BY C. O. CONE, M.D., OF BALTIMORE.

*Mr. President and Gentlemen—Fellows of the American Society of Dental Surgeons :—*The preservation of the vitality of the nervous pulp of a tooth, when exposed by the removal of its bony covering, has been a subject on which much thought has been bestowed by members of the profession, and its accomplishment the subject of anxious research and experiment. I now beg the attention of the association to a description and a report of cases* of an operation founded on surgical principles ; and which will, under favorable circumstances, and when judiciously and skilfully performed, preserve the vitality of dental nerves when deprived of their osseous protection. I present this operation to the consideration of the Association, as the discovery of one of its members, and of whom it is not necessary to say more, than that his modesty equals his talent and skill.

In the year 1848, during a conversation held with Dr. S. P. Hullihen, in relation to the treatment of the exposed dental nerves, he expressed an unwillingness to have his previous opinions published, and declined reporting his experience in the treatment of exposed dental nerves, intimating, at the same time, that he was engaged in making some experiments and observations in relation to this feature of dental practice.

During the winters of 1850 and '51, Dr. Hullihen expressed to me, by letter, his confidence in the results of his experiments, and that a dental nerve, when exposed by caries or otherwise, could be so treated by surgical means, under favorable conditions, as to secure the vitality of this tissue.

Although the operation was briefly described at the last named period, I did not hazard the operation until after Dr. Hullihen made a visit to Baltimore, which was during the latter part of the month of August, 1851. At this time, he minutely described his method of operating, and the results of his experience. The first case which presented itself to me after this, was treated by the operation, and the result was such, that in all cases in practice since that time, where it has been deemed advisable, the operation has been resorted to. A careful record of all of these cases has been kept, and is now offered to your consideration as a part of this paper. With the evidence of these cases, proving the value of the operation, I felt that for many reasons the discovery should be placed before the profession, and accordingly addressed the following letter to Dr. Hullihen :

* This paper was accompanied with about fifty detailed cases treated by this method.—ED.

No. 38 North Charles street, Baltimore, July 3d, 1852.

S. P. HULLIHEN, M.D.—*Dear Sir*:—Having been made by your confidence, &c., a party in testing in my practice, the value and efficiency of your method of treating dental nerves when exposed, renders me anxious that the operation, which is so important in my experience, to both the patient and practitioner, should be brought before the profession, and that, too, in such a manner as shall secure to the profession its benefits, and as far as possible protect the operation from abusive and injudicious practice.

To secure these ends, I look to you, feeling that the most ample experience is to be found where the operation originated, and that the most reliable judgment is to be obtained from you, who instituted the practice, studied the operation and marked its result, and now merits the reward of its discovery. With these feelings and views, and a recollection of your professional devotion and liberality, I propose the following queries, soliciting your answer, namely:

1st. A history of the origin of your operation for the treatment of exposed dental nerves.

2d. A detailed description of the operation, the cautions to be observed in the performance of the same, and the instruments employed.

3d. The symptoms attending and following the operation.

4th. Indications and counter-indications for the operation.

5th. Relative success and failure of the operation in general, and in different classes of teeth, and in the same mouth, and at different ages.

6th. Pathological changes dependent on, and effected by the operation, or the philosophy of the operation.

Respectfully yours, &c.

C. O. CONE.

To this letter Dr. Hullihen replied as follows:—

Wheeling, July 9th, 1852.

C. O. CONE, M.D.—*Dear Sir*,—In answer to your very complimentary letter of the 3d inst., I beg leave to reply to your several questions, in the order in which they are proposed.

First. The history of the origin of the operation to which you refer, is briefly this:—In 1845, I was called upon to plug a molar tooth for a lady, in which the nerve was very much exposed, and under circumstances that made it impracticable at that time to attempt the destruction of the nerve, in the usual way. I therefore drilled a hole into the nerve-cavity of the tooth, with the view of permitting the matter to escape, should the nerve suppurate (a process I felt sure would take place very speedily), and then plugged the tooth without any reference to the pressure that the plug might make upon the nerve. It was observed, both by the lady and myself, that the insertion of the plug did not occasion the slightest pain. In 1846, the lady again called to have her mouth prepared for a whole upper set of artificial teeth. She informed me that the tooth which I had plugged for her, fifteen months before, had never caused her the slightest pain or uneasiness. Upon extracting the tooth I found the fangs in a perfectly healthy condition. On breaking the tooth, I found the nerve somewhat diminished in size, but in all other respects

in a healthy state. The hole which I had drilled into the nerve-cavity was filling up with an osseous deposit at both ends; more at the end next the nerve than that next the gum. There was likewise some appearance of an osseous deposit at the bottom of the carious cavity.

This case immediately opened the way to a number of experiments, tending, if possible, to discover the best course of treatment, in all cases where the nerve had become exposed, and where it was desirable at the same time to plug the tooth. These experiments resulted in the adoption of a very simple and almost painless operation, by which any tooth in the mouth can be plugged, however young the patient, or however much the nerve may be exposed, and that without destroying the nerve or protecting it from the pressure of the plug, causing but little if any pain to the patient during the operation, and without endangering any painful condition of the tooth to arise afterwards, or any discoloration to take place in it, more than is common to teeth that are plugged, and that too where the nerve is in no way exposed.

Second. The operation consists in making a hole through the gum, the outer edge of the alveolar process and root of the tooth into the nerve-cavity, and then in opening the blood-vessels of the nerve. The hole should be made of about the calibre of the nerve, at the point operated upon. If the drill employed be too large, there will be a difficulty in determining the exact moment when the nerve is reached. If too small, in obtaining the necessary discharge of blood. The drill should be spear-shaped, one cutting edge longer than the other, spring-tempered, and having a small neck. Spear-shaped, because the point is more easily located at the place desired. One cutting edge longer than the other, because such a shaped drill gives indication of its approach to the nerve-cavity, by catching in it, before it breaks through into the cavity. Spring-tempered, because less likely to break. Small-necked, so as to permit the free escape of the cuttings made in the process of drilling. The operation may be commenced on either the incisors, cuspidates, or bicuspid, by pushing the drill through the gum down to the alveolar process, about a line back from the edge of the process, and directly over the centre of the root of the tooth to be operated upon; upon the molars, so that the hole will be freely opened upon the main body of the nerve. The drill is then driven forward by means of a very slack string and weak bow, until its near approach to the cavity is recognized by the catching sensation before mentioned. The drill and bow are now laid aside, and all the cuttings of the drill most certainly removed from the hole; then with a drill rotated with the fingers, the hole may be opened into the cavity. The friction of the drill upon the gum will prevent the bleeding from it. The entrance of the drill into the nerve-cavity usually opens the blood-vessels, which may at once be recognized by the color (arterial blood), and by the freedom of the discharge. By pressing a lock of cotton down into the carious cavity, an oscillation may be seen in the hole through the gum. By pressing the tooth into the alveolar cell, the bleeding may be much increased, either of which indications (so far as the making of the opening into the nerve-cavity is concerned) may be considered complete.

Third. The symptoms attending the operation are, of course, the prick of the drill upon passing it through the gum; then a momentary tenderness when the drill emerges from the alveolar process into the root; then a slight painful sensation as the drill nears the nerve, which is gradually increased until the drill is plunged into the nerve-cavity; and strange as it may appear, the pain occasioned by passing the drill into the nerve-cavity, is never half so painful as the mere touching of the nerve through a carious cavity in a tooth. The symptoms after the operation are, first, a slight dull pain of from a half to one minute in duration, after the blood begins to escape from the nerve-cavity. The insertion of a plug upon a nerve, scarcely ever occasions the slightest uneasiness at the time of filling the carious cavity, nor afterwards, unless the opening made through the gum into the root becomes prematurely closed by the cuttings of the drill or a clot of blood, and in this event the pain is instantly relieved by freeing the opening. There is always more or less soreness of the gum after the operation, but never any soreness of the tooth. This soreness of the gum never causes it to become swelled, and it appears to be occasioned solely by the presence of the drill cuttings left in the hole, or from cuttings being pressed into the substance of the gum itself, from using a drill with too large a stem or neck. This kind of foreign matter gives rise to a small pustule, which forms around the hole made through the gum, and which, of course, will continue to exist until the cuttings are thrown off by suppuration, or otherwise removed. Sometimes, but very rarely, a small red pimple shows itself in the opening made through the gum, which pimple, from its great vascularity, appears to arise from the ruptured blood-vessels of the nerve. The slightest pressure upon it occasions a very pungent pain in the tooth. This little growth is readily destroyed by applying to it *nitras argenti*. One application is generally sufficient to effect a cure. But in the great majority of cases, where the operation has been properly performed, there is no soreness of the gum, nor even any appearance of the opening made through it after the first week or ten days from the time the operation has been performed.

Fourth. The indications for performing the operation are, in all cases, where the nerve has become fairly exposed, particularly so in the teeth of young subjects, and where the pressure of a plug will likely provoke inflammation in the nerve by its close proximity to it. The counter-indications are, when the nerve is more or less inflamed; in other words, when the tooth is aching, and when from the age of the patient and appearance of the tooth there is reason to believe that the smallness of the nerve is such that no fear of inflammation may be entertained from the insertion of a plug in the carious cavity.

Fifth. The success of the operation when properly performed, so far as I have been able to form an opinion, may be said to be universal. Out of not less than five hundred times that I have performed the operation during the last six years, particularly so when done in the manner I have just described, I have yet to meet the first case where the tooth has ached, an abscess formed, or where a tooth has become necrosed in consequence of the operation. But when the operation has

been improperly done, such as performing it on an aching tooth, or by making too small a hole to permit the necessary discharge of blood, or in suffering a proper sized hole to remain choked with drill-cuttings or a clot of blood, or by breaking a drill in the nerve-cavity, or in carelessly pushing a portion of gold from the carious cavity into that of the nerve—in all such cases, inflammation of the nerve was sure to ensue, causing tooth-ache, oftentimes alveolar abscess, as well as total necrosis of the tooth.

Sixth. Your question respecting the pathological changes that may be produced in the nerve of the tooth by the performance of the operation, I do not feel fully prepared, at this time, to answer. The most careful examination of my cases, and at different periods after the operation has been performed, is the only reliable way of obtaining correct information upon this subject. This kind of investigation I have not had an opportunity to make, except to a limited extent, too limited to venture an opinion.

With many thanks for the interest you have taken in this little operation, and the value you have attached to it by adopting it in your practice, and in kindly offering to lay it before the profession, with your own valuable and critical observations upon the same,

Believe me, dear sir, very respectfully, yours, &c.,

S. P. HULLIHEN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 10, 1852.

Medical Times.—No reference is intended to periodicals bearing this name, in the following observations. Medical gentlemen, in their everyday professional conversations, speak of the times, especially medical times, with expressions of satisfaction or condemnation, according to their individual estimate of what are good or bad indications respecting them. That a spirit of radicalism is predominant throughout the country, in regard to medicine, is quite evident; and such has been the system of legislation within the past few years, that the slight privileges which physicians once had, have been abrogated, and the doors are thrown wide open for the entrance of every body who, influenced by a hope of gain, chooses to tamper with health. A quack cannot be called to an account by a magistrate, let him perpetrate whatever mischief he may, unless he is indicted for murder or manslaughter. As it would keep the courts of law too much occupied, were the doings of all the adventurers in medical practice to be legally investigated, they slide along very happily, laughing at their own impudence, and rejoicing in the success of ignorance. The public would not tolerate, in an educated man, what is silently passed over in the doings of modern empirics. The most preposterous of those adventurers now float triumphantly on the sea of popular favor, so long as they can manage to keep out of sight their real character. A single committal, in the presence of a person of intelligence, operates unfavorably for one of this class; but by keeping in the wake of those who have long been enfee-

bled by chronic disease, and holding out encouraging expectations which cannot be realized, beyond what is accomplished by the imagination of the patient, the various shades of irregular practitioners are engrossing an amount of profitable business quite surprising. The times, therefore, are discouraging for young men who have been judiciously trained for professional service, being thus circumvented by those of inferior educational preparation. Moral fitness and intellectual training are not taken into account in these days of medical disquietude, and consequently society at large is blameable for some of the disadvantages and evils of quackery. What is the specific remedy for this unhappy state of things? This is a question often propounded, and occasionally answered by those who know nothing about it. The fault is not altogether in the Schools of Medicine, nor in medical practitioners sent out from them, but, as we have already said, in the people. When the masses are instructed and taught something of the structure of their bodies and the inestimable value of life, they will comprehend the utility of having responsible, well-informed medical advisers. Empirics cannot be rooted out of the land; the love of mystery, especially if it relates to the treatment of disease, is singularly fascinating to many minds; and between the daring of medical pretenders among us on the one hand, and the willing subserviency of the ignorant on the other, this has become the country that nurtures quackery above all others.

Typhoid Fever Arrested.—Dr. E. D. Fenner, a distinguished medical practitioner and writer, of New Orleans, asserts that typhoid fever may be, in his own language, "*easily cut short.*" He recently visited a section of Mississippi, where that malady has prevailed extensively for some years, and a trial was made of his abortive method, as it is called, in ten or a dozen cases, which were every way satisfactory. Only one of the number resisted his treatment as long as the fourth day. Without being apprised of the manner of proceeding, which of course is calculated to elicit much conjecture and a multitude of comments, we cannot state particulars; but we understand that a paper will appear in the next number of the New Orleans Medical and Surgical Journal, explanatory of Dr. Fenner's theory and practice in this prevalent disease.

Smith's Operative Surgery.—In referring, last week to the great work on American Surgery, by Henry H. Smith, M.D., &c. &c., of Philadelphia, no opportunity was afforded for giving such particulars as might be of service to the readers of the Journal. In the first place, it has been an enterprise requiring indefatigable patience and labor. It is not a book made up of shreds and patches. Neither is it copied from any one or more European publications, but is truly a system of surgery based upon the practice of surgeons of the United States, who are as expert, ingenious and successful, as any on the globe. The authorities therefore are strictly American. A history of surgery, running through thirty-two octavo pages, is an interesting synopsis of what was accomplished before the age of Hippocrates, and from him down to Frere Casme, in France, in the eighteenth century; still, there is nothing new in it. But when the author reaches the history of American Surgery, he strikes a vein that calls up a feeling of enthusiasm, and the reader, like ourselves, will lament that the subject had not been more copiously treated. Next in the order of arrange-

ment, is a bibliographical index to all the treatises, both general and special, which have been originated or supervised by our own professional countrymen. An immense amount of laborious research must have been expended in this compilation. Then, to make the whole as completely national as possible, Dr. Smith has actually introduced an alphabetical catalogue of American Surgeons, with the titles of their papers. Many of them are still living, and are miracles of personal industry. On looking over a list of the writings of some of them, we felt regret that they had not contributed more to the world's wisdom.

Having given this outline of the beginning of the work, we can truly add that the whole volume, one of the largest class of royal octavos, abounds with matter of practical value to the surgeon, is finely printed, and beautifully illustrated with colored drawings, executed in the very first order of artistical skill. We have seen nothing like it, and the ground has been so thoroughly occupied by the persevering author, that it will be a long while before the work can have a rival. Desirous as we are of doing full justice to Dr. Smith, in pointing out to medical readers the peculiar claims of this great work, it is difficult to do so, as its merits can only be appreciated by actual examination. No one competent to estimate the value of these researches, would hesitate an instant in admitting that it is a valuable and splendid book, and one which no surgeon can do without if he has a particle of ambition to keep pace with the progress of operative surgery on this continent. Copies may be seen at Ticknor's, Washington street, Boston, and probably are on sale in all the cities throughout the union.

Syphilis.—Erasmus Wilson, F. R. S., whom every medical scholar knows, of course, from the circumstance of his being an author of celebrity on diseases of the skin, completed, as lately as January last, a *Treatise on Syphilis, Constitutional and Hereditary, and on Syphilitic Eruptions*, with four colored plates admirably executed. Messrs. Blanchard & Lea are the American publishers. It is an octavo of 284 pages, on good paper, with a beautiful type. It being the express vocation of a physician to cure diseases, it necessarily follows that he must treat them as they come; but to meet the various exigencies of practice, the experience of others must not be overlooked or lightly estimated. In cities, the demand for advice in venereal cases is very great. Quacks thrive by imposing upon that class of sufferers, more than on any others. Patients pay liberally to be cured, and will often rather employ a stranger than commit themselves to known and respectable practitioners. Under all circumstances, a standard book of reference, in which each shade of the disease is specifically described, and appropriate remedies designated, must be highly estimated. There are eight chapters in this volume, in which are considered each and all conditions of a patient who is the victim to this malady, with numerous cases explanatory of the true state of things in them. We predict a favorable reception of the work, and a gratifying sale by the enterprising publishers. Messrs. Ticknor & Co., Boston, have the copies. Perfect as Acton is, as a rule of practice, this will become popular, because the elements of success are discoverable on every page.

Dr. Tully's Writings.—Gratifying patronage in the way of subscriptions is daily being extended, we are informed, on the works of Dr. Tully,

who is now residing at Springfield, Mass. The profession could not do a better act, than to sustain the industrious and laborious author in the publication of a series of numbers that will do honor to the medical literature of our country. There are few men living, more profoundly learned in all departments of scientific knowledge, or who have a happier faculty of presenting it to others; and in the domain of medicine, his appropriate sphere, it is by no means surprising that high expectations are entertained by those having an intimate acquaintance with his life of preparation.

Dental Surgery.—An octavo treatise on this important branch of professional service, by Thomas E. Bond, M.D., of the College of Dental Surgery, at Baltimore, indicates an activity of research in a branch of practice which was at one time supposed to consist merely in a few mechanical manipulations, the performance of which required neither learning nor skill. But a succession of practical works from operating dentists, American ones, has convinced those thick-headed gentlemen who could see nothing scientific or professional in that department of surgery, that talents of the first order have found enough to do, in clearing up obscurities, sweeping away prejudices, elevating their business, and developing its literature and science. They have surprised the medical profession by their learning and sound reasonings, and the practical turn they have given the subject. Dr. Bond is a clear, candid author. He asks no greater favor than to be read understandingly, and that is his due. There are twenty-five chapters in his work, embracing the diseases of the teeth and their appendages. It is distinctly a guide-book, and an every-day adviser for a dental practitioner, abounding in suggestions of great service to him. It will command the respect of all denominations of scientific readers. Messrs Lindsay & Blakiston, Philadelphia, are the publishers. Copies may be found at most of the bookstores in Boston.

Dr. Mattson's New Syringe.—This instrument meets with the most gratifying success, as it deserves, for it is a beautiful, and, at the same time, an economical form of the instrument. Our favorable notice of it, two or three months since, has been confirmed by a number of our most distinguished physicians in Boston, New York and Philadelphia, among whom are Dr. Warren of this city, and Dr. Mott of New York, as will be seen by reference to the advertisement on another page. The book accompanying it, contains an interesting notice of the successful treatment of dysentery in India by tepid water injections, and also a brief chapter in explanation of the views of Dr. O'Beirne, of Dublin, on defecation, &c., with a number of remarkable cases in which he afforded instant relief by the employment of injections, in connection with the rectum tube.

Is there any Antidote to the Effects of Chloroform? To THE EDITOR.—The loss of an only sister a few days since, in her gestative period, from the use of chloroform, suggests the above inquiry. If it can be answered, it may be the means of saving the lives of others. When I arrived at her residence, she was evidently moribund, laboring under all the nervous insensibility usual to the use of the agent. She had taken it in a preceding labor with impunity, and she had now hastened with great confidence to its happy, but, unfortunately, fatal influence in this instance. Every means were used to stay the progress of the prostration incident to

it, but all to no purpose. She breathed her last calmly and quietly, without a facial change of expression. SUBSCRIBER.

The New Treatment of Exposed Dental Nerves.—We publish to-day the report made to the American Society of Dental Surgeons in August last, by Dr. Cone, of Baltimore, to which we referred last week. The reader will perceive in it the claims of Dr. Hullihen as to priority in the performance of this important dental operation. Since the report was in type, a communication from Dr. E. B. Gardette, a distinguished dentist of Philadelphia, has been received, in which he maintains Dr. Hullihen's rights in opposition to those of Dr. Miller, as the original performer of the operation, and refers to some account of it by himself in the October number of the Medical Examiner. We have also received from Dr. Miller a brief communication to be published, accompanied by documents in the form of letters and certificates, which show conclusively that he was in the habit of performing the operation nearly two years before Dr. Cone's report was read to the American Society. We shall insert next week the short communication by Dr. M. above referred to, which is all, we think, that we need be called on to publish, respecting these rival claims, as there are dental journals in the country to which the matter more properly belongs.

A Postmaster who is a Disgrace to the United States.—The Dental News Letter for October, says that a number of that periodical was returned from the post office at Waynesboro', N. C., with the following words written upon it. "Don't send your cussed paper here again. Dr. D. G. Ward is dead, insolvent and run away. Don't be a fool all your life. What do you think of the Rochester rappings?" The proprietors of the Journal, which is a highly respectable publication, are determined to present the subject of this gross insult to the consideration of the government at Washington, which ought to lead to the immediate dismissal of the insulting offender.

Medical Miscellany.—Mrs. M. Gould, of Montpelier, Vt., died, a few days since, at the age of 102 years and 4 months.—Health at San Francisco, continues good.—The yellow fever still lingers at New Orleans.—Typhoid fever has been prevailing extensively in Mississippi.—It will have been noticed, by our weekly bill of mortality, that Boston has been enjoying a remarkable degree of health during the present autumn.

MARRIED.—Dr. J. Ellis, of Portsmouth, R. I., to Miss M. G. Choules.

DIED.—In this city, Dr. John Mason, 67.—In Taunton, Mass., Dr. Asa M. Adams, 68.—In Havana, Dr. Ferdinand E. D'Abria, a celebrated physician.—In San Francisco, Dr. D. C. Cates, of Portsmouth, N. H.—At Easton, Md., Dr. Wm. Helmley.

Deaths in Boston—for the week ending Saturday noon, Nov. 6th, 66.—Males, 34—females, 32. Apoplexy, 1—inflammation of bowels, 1—inflammation of brain, 1—consumption, 12—cholera infantum, 1—croup, 4—cancer, 1—dysentery, 2—dropsy in head, 4—drowned, 2—debility, 2—diabetes, 1—infantile diseases, 2—typhus fever, 4—typhoid fever, 3—scarlet fever, 6—disease of heart, 1—hemorrhage, 1—intemperance, 1—inflammation of lungs, 4—ossification of arteries, 1—old age, 2—scrofula, 1—teething, 4—thrush, 1—ulceration of intestines, 1—unknown, 1—worms, 1.

Under 5 years, 25—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 9—over 60 years, 7. Americans, 48; foreigners and children of foreigners, 38. The above includes 6 deaths at the City Institutions.

Quack Literature.—It very seldom happens (to the honor of human character be it spoken), that *educated* persons become *quacks*. But on the other hand, very many if not most of the quacks in medicine are extremely illiterate; and it is gratifying that such is the case, for a prostitution of learning and talent to the base purposes of quackery is painful in the extreme.

We receive many illustrations of the ignorance of *quackdom*, among which the following may be taken as a fair specimen. It appears that the writer had slandered a reputable physician, and being called to an account by a friend of the person, offered the annexed apology. Of course we suppress the names of the parties.

"Mr. ——. Sir i Re'vd your lines this morning in Relation to some Statements that i made a bout Dr. ——. Being a Quack, if i made eny such Statements as that i don't Recolect of it i might of Called His name if i did it was thru a mistake as i am not a quainted with him or his Profecional Carrear. i would not say eny thing to ingury eny Person i mite of been speaking a bout *fasitions a Round your country Called some of them quacks, and Likely Caled Dr. —— a quack, but if i did it was not my in tention for so doing as i new nothing of the Gentle Man. i hope there is no insult a pon my Part. As fare as i have been acquainted with you or Dr. —— i think a great eal of you both and was willing at all times to accomodate you or Him to eny arcticle or Books i Had.

"I hope there is no Hard felings with you and Dr. —— a gainst me.

"Your Freend
—————"

The writer of the above article is a practitioner of the quack stripe; and whether he is the "doctor" referred to in the following anecdote or not, we are not certainly informed, but the thing is not impossible:

"*A Doctor as is a Doctor.*—A country physician was called upon to visit a young man afflicted with the apoplexy. M. D. Bolus gazed long and hard, felt his pulse and pocket, looked at his tongue and his wife, and finally gave vent to the following sublime opinion:

'I think he's a gone feller.'

'No, no!' exclaimed the sorrowing wife, 'do not say that.'

'Yes,' returned Bolus, lifting up his hat and eyes heavenward at the same time, 'Yes, I do say so; there arn't no hope, not the leastest mite; he's got an attack of ni hil fit in his lost frontis—'

'Where?' cried the startled wife.

'In his lost frontis, and he can't be cured without some trouble and a great deal of pains. You see his whole planetary system is deranged; fustly, his vox populi is pressing on the ad valorem; secondly, his cuta-charpial cutaneous has swelled considerably, if not more; thirdly, and lastly, his solar ribs are in a concussed state, and he arn't got any money, and consequently he is bound to die.'—*Western Lancet*.

New Mode of Applying Leeches.—Dr. Sloan, of Ayr, says, that by covering leeches with a cupping-glass and exhausting the air moderately by means of an air-pump, they suck much more rapidly, and soon become fully distended and fall off. A sufficient quantity of blood may be obtained by continuing the exhausting process afterwards. The erysipelatous appearance which usually follows leech-bites, is thus prevented.—*Monthly Journal Medical Science*, Aug. 1852.

* Intended for Physicians.